



CHILD CARE AND DEVELOPMENT FUND PLAN
FOR INDIANA
FFY 2008-2009

This Plan describes the CCDF program to be conducted by the State for the period 10/1/07 – 9/30/09. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 165 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118 Approved OMB Number: 0970-0114 expires [DATE])

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STATE PLAN FOR CCDF SERVICES
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AMENDMENTS LOG
Child Care and Development Services Plan for
For the period: 10/1/07 – 9/30/09

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

Instructions:

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

PART 1
ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency:

*Indiana Family and Social Services Administration
Division of Family Resources*

Address of Lead Agency:

*402 West Washington Street, W-392
Indianapolis, IN 46204*

Name and Title of the Lead Agency's Chief Executive Officer:

*Zach Main, Director
Division of Family Resources*

Phone Number:

(317) 233-4450

Fax Number:

(317) 232-4490

E-Mail Address:

Zach.Main@fssa.in.gov

Web Address for Lead Agency (if any):

<http://www.IN.gov/fssa/family>

1.2 State Child Care (CCDF) Contact Information (day-to-day contact)

Name of the State Child Care Contact (CCDF):

*Michelle Thomas
Bureau of Child Care*

Title of State Child Care Contact:

Child Care Administrator

Address:

*402 West Washington Street, W-386
Indianapolis, IN 46204*

Phone Number:

(317) 234-3313

Fax Number:

(317) 232-4490

E-Mail Address:

Michelle.Thomas@fssa.in.gov

Phone Number for child care subsidy program information (for the public) (if any):

(877) 511-1144

Web Address for child care subsidy program information (for the public) (if any):

<http://in.gov/fssa/carefinder/>

1.3 Estimated Funding

The Lead Agency **estimates** that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2007 through September 30, 2008. (§98.13(a))

CCDF: \$129,166,463.00

Federal TANF Transfer to CCDF: \$22,158,599.00

Direct Federal TANF Spending on Child Care: \$0.00

State CCDF Maintenance of Effort Funds: \$15,356,947.00

State Matching Funds: \$21,880,154.00

Total Funds Available: \$188,562,163.00

1.4 Estimated Administration Cost

The Lead Agency **estimates** that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$2,532,398.00 (2 %). (658E(c) (3), §§98.13(a), 98.52)

1.5 Administration of the Program

Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

☐

Yes.

☒

No. If no, use the table below to **identify** the name and type of agency that delivers services and activities. (If the Lead Agency performs the task, mark “n/a” in the box under “Agency.” If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.)

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)
Determines individual eligibility:		
a) TANF families	County TANF agency,	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	<i>Other (these entities may subcontract)</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b) Non-TANF families	<i>Other (these entities may subcontract)</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Assists parents in locating care	<i>Child Care Resource and Referral</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Makes the provider payment	<i>Other</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Quality activities	<i>Child Care Resource and Referral, Non-TANF State Agency</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the Lead Agency uses outside agencies to deliver services and activities, **describe** how the Lead Agency maintains overall control.

The Lead Agency employs the following techniques to maintain overall control:

1. *Establishing all policy and procedures governing the CCDF subsidy program.
(See CCDF Voucher Program Policy and Procedure Manual –
www.IN.gov/fssa/family/children/bcc/ccdf.html select CCDF Procedures Manual)*
2. *Requiring the use of automated intake system software designed to enforce CCDF subsidy program policies*
3. *Maintaining county budgetary control to ensure availability of adequate CCDF funds for projected CCDF enrollment achieving continuity of care for enrolled children*
4. *Require dual signatures on claims*
5. *Awarding CCDF contracts based on a competitive Request for Funds process.
Contracts are three-year contracts and may be renewed one time.*
6. *Contracting directly with the local entity chosen to administer the CCDF subsidy program and approving any sub-contract arrangement prior to implementation*
7. *Monitoring each eligibility entity throughout the contract period for contract and policy compliance through:*
 - *Weekly quality assurance review of data including critical error identification (child ineligible by age, failure to enter wages for employed parent, and provider no longer eligible) and correction follow-up;*
 - *Weekly quality assurance reports distributed to local entity as well as policy staff;*
 - *Monthly quality assurance conference calls;*
 - *Bi-weekly conference calls with the following participants: all local entities, budget/operations staff, policy staff, and quality assurance staff;*
 - *On-site bi-annual reviews including case sampling;*
 - *Monthly random sample of parent and provider customer satisfaction surveys;*
 - *Monthly use of electronic data sources for matching TANF recipients, ineligible clients, and possible data errors;*
 - *Monthly and quarterly program data reporting; and*
 - *Monthly fiscal reporting*
8. *Monitoring provider payments through:*

- *Electronic payment system for CCDF provider claims which utilizes automated attendance documented by an eligible family's "swipe" card and reconciled bi-weekly;*
 - *Manual review of provider claims which differ from the automated claim prior to payment;*
9. *Monitoring the Child Care Resource and Referral through:*
- *Reviewing periodic progress reports and measured outcomes*
10. *Communication and collaboration with community groups at local and/or regional level*
11. *Using performance based contracts with clearly identified benchmarks and/or performance indicators.*

1.6 Use of Private Donated Funds

Will the Lead Agency use private funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

- ☐ Yes. If yes, are those funds:
- ☐ Donated directly to the State?
 - ☐ Donated to a separate entity designated to receive private donated funds?
Name:
Address:
Contact:
Type:

☒ No.

1.7 Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

1.7.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

☐ Yes, and:

() The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

(__ %) Estimated percentage of the MOE requirement that will be met with pre-K expenditures.(Not to exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☒ No.

1.7.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement? (§98.53(h))

☐ Yes, and

(__%) Estimated percentage of the Matching Fund requirement that will be met with pre-K expenditures. (Not to exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following **describes** how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

☒ No.

1.7.3 If the State answered yes to 1.7.1 or 1.7.2, the following **describes** State efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

1.8 Improper Payments

1.8.1 How does the Lead Agency define improper payments?

An improper payment is defined to mean any payment of CCDF grant funds that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory, contractual, administrative or other legally applicable requirements governing the administration of CCDF grant funds, including any payment of CCDF grant funds to an ineligible recipient, any payment of CCDF grant funds for an ineligible service, any duplicate payment of CCDF grant funds and payments of CCDF grant funds for service not received.

1.8.2 Has your State implemented strategies to prevent, measure, identify, reduce and/or collect improper payments? (§98.60(i), §98.65, §98.67)

☒ Yes, and these strategies are:

Strategies include:

- *Supervisory approval for new licensed/registered child care providers entering the CCDF payment system*
- *Annual on-site monitoring of agency certifying license-exempt providers for participation in the CCDF voucher program, including case sampling*
- *Quality assurance review of CCDF intake grantee data including critical error identification and correction follow-up*
- *Bi-annual on-site monitoring of CCDF intake grantees including case sampling*
- *Utilizing TANF data to verify Impact participants receiving child care benefits have active cases*
- *Electronic payment system that utilizes integrated eligibility and payment data*
- *Dual signatures required on all claims before payment, excluding automated CCDF child care payments*
- *Identified procedures for CCDF intake grantee to determine case overpayment, document overpayment and prepare repayment agreement for Lead Agency collection*
- *Identified procedures for reporting and follow-up of suspected parent and/or provider fraud*
- *Coordinating the efforts of audit, Bureau of Investigations, and financial management to identify and follow through with payment recovery*
- *Recovery of improper payment through repayment plans*
- *Recovery of improper payments through state tax intercepts*
- *Completing electronic data matches to verify individuals with know fraud convictions and/or unpaid repayment agreements are not receiving CCDF benefits*

☐ No. If no, are there plans underway to determine and implement such strategies?

☐ Yes, and these planned strategies are:

☐ No.

PART 2 DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

- 2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)). **Indicate** the entities with which the Lead Agency has consulted or coordinated (as defined below), by checking the appropriate box(es) in the following table.

Consultation involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).

Coordination involves the coordination of child care and early childhood development service delivery, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). At a minimum, Lead Agencies must coordinate with (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health), (3) employment services / workforce development, (4) public education, (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

	Consultation in Development of the Plan	Coordination with Service Delivery
Other Federal, State, local, Tribal (if applicable), and private agencies providing child care and early childhood development services.	<input type="checkbox"/>	<input type="checkbox"/> *
<i>Indiana Association of Child Care Resource and Referral (IACCRR) – QRS & Better Baby Care & Safe Sleep. Provider recruitment, training, mentoring and professional development services, parent education and referrals, work/life solutions and community outreach.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/> *

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	Consultation in Development of the Plan	Coordination with Service Delivery
<u>Indiana Association for the Education of Young Children (IAEYC)</u> – The Lead Agency coordinates with IAEYC for professional development and training for providers through the TEACH Early Childhood INDIANA project, CDA non formal training, annual Indiana Early Childhood Conference, and provider support for national accreditation.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
<u>Local School Districts</u> – School age child care grants are coordinated with local school corporations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Department of Homeland Security</u> - The Lead Agency also coordinates with the State Fire Marshal to reduce wait time for child care license inspections and address issues of health and safety..	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Local Health Departments statewide</u> – Local health departments are consulted with when a health situation exists and provide necessary instruction for prevention of further spread of diseases. Examples are: sanitation hazards caused by recent flooding, and outbreak of whooping cough.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Local Office of the Department of Child Services</u> – Consultation with local office staff occurs around issues of child abuse or neglect.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
<u>Higher Education</u> – TEACH scholarships may be used to attend Ivy Tech, a statewide community college network. Indiana and Purdue University support the Infant Toddler Specialist Network. Purdue University will be providing evaluation for the Quality Rating System.	<input type="checkbox"/>	<input checked="" type="checkbox"/> *

	Consultation in Development of the Plan	Coordination with Service Delivery
<u>Public health</u> <i>The Lead Agency coordinates with the Indiana State Department of Health to increase immunization rates. The Lead Agency also participates in the planning initiative with the Maternal and Child Health Division of the Indiana State Department of Health for the comprehensive early childhood plan, Sunny Start (ECCS). Lead Agency staff has participated at both the CORE levels and at the committee level.</i> <i>The Lead Agency also houses and coordinates with the Indiana Children's Health Insurance Program, Hoosier Healthwise, to increase participation rates.</i>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> * <input checked="" type="checkbox"/>
<u>Employment services / workforce development</u> <i>The Lead Agency coordinates with the Indiana Department of Workforce Development to provide employment services for TANF families. These families have priority for CCDF child care services to increase work participation rates.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
<u>Public education</u> <i>Indiana Department of Education-partners on implementation of the Good Start, Grow Smart initiative with dissemination and training on the Foundations to the Indiana Academic Standards for Young Children Birth to Age 5. (Indiana's early learning guidelines); Quality Rating System standards have been aligned with DOE Foundation standards.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
<u>TANF</u> <i>The Lead Agency also administers the TANF program. CCDF coordinates with TANF by allowing priority referrals for child care to increase the success of welfare to work efforts.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *

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Amended Effective: _____

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	Consultation in Development of the Plan	Coordination with Service Delivery
<p><i>provide parent education on developmentally appropriate child care. The Bureau of Child Care has representation on the Governor's Coordination of First Steps.</i></p> <p><i>The Lead Agency also coordinates with the Indiana Association of Child Care Resource and Referral to increase options for inclusion through an Inclusion Specialist housed at each of the 11 CCRR Service Delivery Areas (SDA's) across the state. These specialists support a required training for all directors of licensed child care centers; provide regular training for all interested child care providers in their service area, and help develop a regional network of child care provider support meet the needs of children who may need additional diagnostic and ongoing support.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><u>Emergency preparedness°</u></p> <p><i>The Lead Agency has coordinated with the Indiana State Department of Health to develop and make available emergency procedural templates for providers. These templates are available through the Bureau of Child Care and the Indiana State Department of Health.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><u>Other (See guidance):</u></p> <p><u>Indiana Nurse and Dietician Consultant Program</u> – transition to a statewide, consultant program housed within the Lead Agency will occur during the state plan year.</p> <p><u>Healthy Families Indiana</u> – Coordinates with Lead Agency to provide parent education on developmentally appropriate child care.</p> <p><u>United Way</u> – Lead Agency is represented on Success By Six Leadership Board.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* Required.

For each box checked above, (a) identify the agency providing the service and (b) describe the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

- 2.1.2 State Plan for Early Childhood Program Coordination. *Good Start, Grow Smart* encourages States to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of the State's efforts in this area. **Note: Check only ONE.**

- ☐ **Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- ☐ **Developing.** A plan is being drafted.
The draft is included as **Attachment 2.1.2.**
- ☐ **Developed.** A plan has been written but has not yet been implemented.
The plan is included as **Attachment 2.1.2.**
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as **Attachment 2.1.2.**
- ☒ **Other (describe):**

Describe the progress made by the State planning for coordination across early childhood programs since the date of submission of the 2006-2007 State Plan.

During FFY 2006 and FFY 2007, the Lead Agency laid the groundwork for a Quality Rating System. The Lead Agency plans to begin the implementation of a Child Care Quality Rating System (QRS) in FFY 2008. An implementation plan is being developed in collaboration with our quality partners and other interested stakeholders to phase in a statewide system based on a pilot model currently operating in the state. This QRS system is based upon early childhood research and identifies the most critical indicators of a quality learning environment. These indicators will be measured and communicated to parents based upon the level of quality offered in individual child care settings. Provider incentives and supports will be a part of the system as well as an evaluation plan. The QRS system will provide a method to assess, improve and communicate the level of quality in early care and education settings.

Five critical pieces to Indiana's QRS include:

- 1. Professional Development*
- 2. Consumer Education*
- 3. QRS Assessment*
- 4. QRS Evaluation*
- 5. Child Care regulations*

Through the implementation of the voluntary QRS system, Indiana hopes to achieve the following objectives:

- 1. Increase the quality of care for all children*
- 2. Provide parents with a method to make informal child care choices*
- 3. Support professional development activities of child care providers*
- 4. Reward provider who demonstrate commitment to continuous quality improvement of their child care programs.*

Good Start, Grow Smart Objectives include:

- 1. An ongoing means for **communication and collaboration** with state entities and organizations as well as with local communities and providers*

Statewide Partner Meetings-All entities that partner or contract with the Lead Agency to provide services meet routinely, both in formal and informal groups, to discuss initiatives with the intent of providing mutual support and avoiding duplication of efforts. Among these partners are representatives of DOE, ISBOH, IAEYC, IACCRR, Early Childhood Comprehensive Systems (Sunny Start), Homeland Security, the Head Start Collaboration Office, the Indiana Head Start Association Executive Director, the Part C Coordinator and United Way, Success By Six.

Monthly meetings with CCDF Contract Center Group-This group of centers from across the state retain contracts to deliver CCDF services. These contracts ensure that licensed care will be available in communities where such care might not survive without contract support. These sites are required to maintain national accreditation.

Statewide Trainings- DOE, in partnership with Ball State University will provide a statewide train the trainer event for child care providers to further the newly released Birth to Three standards of the Indiana Foundations (Indiana's ELG's). Lead Agency supports the annual Infant Toddler Specialist Institute training each year. Bureau of Child Care Consultants routinely provide trainings at the request of other partners, as well as present at various conferences, including at the annual Indiana Association for the Education of Young Children (IAEYC).

A statewide network of Child Care Resource and Referral agencies-The Indiana Child Care Resource and Referral agency receives a contract and subcontracts with eleven (11) local not for profit agencies to provide a coordinated list of services to families and providers. This entity also helps to ensure communications with Indiana's large group of Legally Licensed Exempt Providers (LLEPs). The network now provides Safe Sleep training for child care providers as required by new Indiana law.

Communication with Technology

Website-www.Childcarefinder.in.gov provides a host of consumer education information, including up to date information about child care providers and provider quality. Its role has grown significantly as it is the most well known of the state's child care linkages. The website content has been significantly enhanced to include more user-friendly regulatory information for child care providers, professional development opportunities, special alerts, quarterly newsletters, and policy changes.

BCC Correspondence-A system initially utilized to communicate with contracted partners such as Intake agents and local community connections such as the Division of Family Resources (DFR) offices. The Lead Agency has implemented a statewide email database list has allowed us to use this function to communicate more directly with those providers that utilize the internet. To date, approximately ¼ of regulated child care providers and various other partners are included in the database.

QRS Software/Database – An IT Steering Committee will oversee the development of a web-based software system that assist in communication between partners regarding the services provided to child care providers participating in the voluntary QRS, as well the progress and status of each provider. Further, data may be accessed by the QRS system evaluators.

The Indiana Early Childhood Meeting place-This website hosted by the Indiana Center for Community and Disabilities at Indiana University is the host site for many kinds of early childhood information. Trainings funded through CCDF dollars are required to list their events and activities on this website. Early Childhood Comprehensive Systems partners also utilize this system.

2. The development of a more coordinated system **for caregiver professional development** in both formal (credit based) and non formal (non credit based) settings.

Both licensed child care centers and homes have some education requirements that include at a minimum a Child Development Associate Credential (CDA). This nationally recognized entry level credential is required for the owner/applicant for a licensed child care home and for the lead teacher in a licensed child care center classroom. To facilitate this process the Lead Agency provides formal CDA training through the IAEEYC-T.E.A.C.H. partnership, the On Line Learning CDA through a partnership with Ivy Tech State College, and the Non-formal CDA program offered through a series of not for profit agencies including CCRR's and Purdue Extension Program.

Directors of licensed child care centers must have an appropriate associate degree in early childhood education or a similar bachelor's degree or a bachelor's degree with the equivalent of fifteen hours of early childhood education. It appears that in the future some accredited centers will also need bachelor's degreed staff. Our IAEYC-T.E.A.C.H. partnership provides scholarships for associate and bachelor degree candidates

Infant Toddler Programming – Various efforts have been made to reach all components of the provider community. Although the CDA addresses many issues for infant toddler caregivers, the CCRR network has been reorganized to include a specific infant toddler network of services. Safe sleep training as required by new Indiana law is incorporated for home providers. Further, the QRS standards will highlight specific I/T standards to be met at various levels of care. Also, see 5.1.1

Infant Toddler Professional Development Network-Indiana's infant toddler care needs sustained support as indicated by a recent report from Purdue University. Indiana has representation on the ZERO TO THREE Infant Toddler Learning Community. An initiative to reactivate an Infant/Toddler Credential that could be recognized by Indiana's institutions of higher education is being explored through this endeavor. Further, a network of Infant Toddler Specialists has already been successfully implemented to create a process for focusing on the skills and expertise needed for these providers. Also, see 5.1.1

Health Focused Trainings- Indiana is in transition to bringing a Nurse/Dietician Consultant program in-house. During FFY 2008 the Lead Agency will collaborate with the Indiana State Department of Health in the development and implementation of an expanded statewide child care Nurse/Dietician consultant program focusing on health and safety issues in child care, increased immunization rates for 2 year olds, utilization of safe sleeping practices, and an increase in the number of children with medical homes and health insurance. The consultants will work to increase the level of quality of care through provision of professional development activities, statewide trainings, and one on one consultation.

Areas of focus:

- 1 Health Literacy, Practices and Education, including Immunizations and the CHIRP program, oral care, medical care, hygiene, infection control and special health needs*
- 2 Nutrition, training, promoting healthy eating and dietary habits*
- 3 Safety needs of children*

- 4 *Safe infant sleeping positions/ SIDS reduction*
- 5 *Food service safety*
- 6 *Normal growth and development, including emotional development and play*
- 7 *Promotion of quality child care by out of home childcare providers*
- 8 *Resource and referral for out of home childcare providers and community*
- 9 *Providing policy and “best practice” information to out of home childcare providers and community*
- 10 *Providing information regarding rules and standards, providing technical advice to out of home childcare providers*
- 11 *Providing assessments and education onsite for out of home childcare providers in any of the above areas*

Inclusion Training-Through our statewide CCRR network we are also offering two levels of training to help child care providers recognize their role in providing the most appropriate environment for children with disabilities. The first level is a required training for all licensed child care center directors. The second level is a multi component training on offering services to children with special needs in a mainstreamed setting. Also, see 5.1.4

3. ***The creation of a series of supports and recognitions for childcare environments and programs.***

As part of an effort to further improve overall quality of child care environments, the Lead Agency has laid the groundwork during FFY 2006 to establish a statewide Quality Rating System (QRS) of child care providers. Multiple provider supports, including professional mentors, TEACH scholarships, resource libraries and training will be provided to assist each provider in meeting higher levels of quality. Recognition of levels will be implemented in various ways such as window stickers, local newspaper coverage and postings on www.childcarefinder.in.gov. Other provider incentives for participation are currently being explored. It is anticipated that a statewide QRS will be rolled out during the 10/1/07-9/30/09 CCDF State Plan fiscal period. An implementation plan is being developed in collaboration with our partners and other interested stakeholders to phase in statewide system based on a pilot model currently operating in the state.

Also See 5.1. 4

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

Significant partners (and funding streams) that have interacted with the Lead Agency include:

Head Start-*The Head Start State Collaboration office is housed with the Lead Agency and continually works with the Lead agency on initiatives to link child care and Head Start. Efforts are underway to align Head Start standards with QRS standards to ensure consistent participation in the QRS system.*

Indiana State Department of Health-Maternal Child Health-*The Lead Agency has participated at both the CORE level, and the workgroup level with the state early child care comprehensive systems grant process (Sunny Start). In turn the State Department of Health supports our Statewide Quality Rating System plan and has appointed a liaison to share information and increase coordination as we transition to a Lead Agency Child Care Nurse/Dietician Consultant system.*

Indiana's First Steps, the Part C program *for children with disabilities is also housed with the Lead Agency. The Bureau of Child Care has representation on the Governor's Inter Coordination Council.*

Indiana Department of Public Education-Primetime-*This agency developed the Indiana Foundations for Early Learning, the early learning guidelines for Indiana's pre-k population and is in the process of finalizing the "Foundations" for birth to age three. DOE, in partnership with Ball State University will provide a statewide train the trainer event for child care providers to further the newly released Birth to Three standards of the Indiana Foundations (Indiana's ELG's). The ELG's have been aligned with the QRS standards. DOE has partnered with the Lead Agency in several Ready Schools/Ready to Learn initiatives.*

Describe the **results** or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

*The expected results of increased **communication and collaboration** are*

- Alignment of quality standards across partners to ensure seamless QRS system for parents and for providers; and*
- Interaction with local providers and partner organizations to determine their needs and strengths; and*

- *Use of technology to facilitate better coordination of services and tracking of progress between partners*

The expected results of a more coordinated system for caregiver professional development are:

- *Significant participation in the voluntary QRS*
- *Level of quality of care will be measured, supported, and increased*

The expected results of a creation of a series of supports and recognitions for childcare environments and programs are:

- *Increased numbers of Indiana childcare settings will be accredited; and*
- *Increased numbers of Indiana childcare settings will improve the quality of their programs, as measured by QRS and as independently evaluated by Purdue University; and*
- *Increased numbers of Indiana childcare settings will utilize standardized curriculum*

Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

The Lead Agency has established a QRS Steering Committee, and will establish sub-committees to ensure coordination across agencies and partners. Representation from all partners will be facilitated and coordinated with Early Childhood Comprehensive Systems group (Sunny Start). Further, partners will have access to and be expected to use the QRS software/database currently in development in order to ensure seamless, real time information regarding services provided and progress made by each provider as well as consistent quality of care information that will be shared with parents.

2.2 Public Hearing Process

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

Date(s) of statewide notice of public hearing: May 21, 2007

Manner of notifying the public about the statewide hearing:

The notification process includes notices through the Bureau of Child Care website, email correspondence, as well as hearing notices posted in 17 newspapers throughout the state.

Date(s) of public hearing(s):

Hearing site(s):

Public hearings will be at:

June 14, 2007

Indiana Government Center

6:00 - 8:00 p.m.

402 W Washington Street

Indianapolis, IN 46204

Auditorium

June 14, 2007

Plymouth Library

(Local) 5:00 – 7:00 p.m.

Laramore “B” Room

201 N Center Street

Plymouth IN 46563

June 13, 2007

South East Regional Training Center 6:00 – 8:00 p.m.

375 Lovers Lane

Scottsburg IN 47170

How the content of the plan was made available to the public in advance of the public hearing(s):

The State Plan will be posted on the Bureau of Child Care website at

www.IN.gov/fssa/family/children/bcc/ and childcarefinder.in.gov

A brief summary of the public comments from this process is included as **Attachment 2.2.**

2.3 Public-Private Partnerships

Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private-sector involvement in meeting child care needs?



Yes. If yes, **describe** these activities or planned activities, including the results or expected results.



No.

The Lead Agency and the Indiana Association for Child Care Resource and Referral (IACCRR) have formed a joint project to support an economic development initiative that works to increase the role of the private sector as leaders in child care issues and investors in high quality child care for their employees. The purpose of the Indiana Work/Life project is to facilitate innovative work/life solutions that maximize employer return on investment and strengthen employee commitment to work and family. The work is accomplished through the work of consultants whose work includes, but is not limited to:

- *Consulting with employers, including Indiana based corporate headquarters*

- Consulting with Mayors and Municipalities, and Chamber of Commerce offices
- Educating the community on work and family matters
- Advising community organizations of local employer interests

The Consultants have an inventory of products and services that can match the needs and constraints of the partnering employers. Expected results are that employers will make investments in child care for their employees. To date, estimated investment from the project is \$8,500,000.

Another joint public private partnership that focuses on professional development and compensation for child care providers is the T.E.A.C.H. Indiana project. In FFY 2006, credit based educational scholarships were awarded to 2,238 providers in 1,041 different early childhood settings benefiting 61,891 children.

A new non-formal CDA opportunity, grants for accreditation, a new school age care credential, and the nation's first On-Line opportunity for a complete college credit CDA has made professional development access available to all providers. These efforts represent multiple public and private partners at the state and local level and have offered a multi-faceted approach to raising the overall quality of child care. CCDF Quality funds will make continuation of these projects possible.

PART 3

CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System

Describe the overall child care certificate process, including, at a minimum:

(1) a description of the form of the certificate (98.16(k));

The CCDF child care voucher is a paper certificate that displays: parent's name and address; child's name; family case ID number; provider name, address, and type; weekly dollar subsidy authorized; dates that subsidy is authorized; total dollar amount authorized on voucher; and a signature line for the provider. The form is generated from the Intake Eligibility Software System. Changes to benefit require Intake Agents to provide a revised copy of the paper certificate.

(2) a description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), 98.2, 98.30(c)(4) & (e)(1) & (2)) and

When it has been determined that the family is eligible for CCDF services and that there are sufficient funds available for the child care services needed, the parent takes documentation to their provider of choice who has met CCDF Provider Eligibility Standards and/or is licensed.

The documentation includes statement of provider charges and provider type. The provider's signature is required as well. The chosen provider is required to fill out the documentation and it must be returned to the intake agent worker so that the parent's CCDF application may be completed.

If the parent needs assistance locating a provider, the intake agent may make a referral to the local CCRR. The CCRR can provide the parent with information on all types of providers in their area and consumer education on selecting quality care for their children.

Further, the intake agent or local CCRR could refer the parent to the www.childcarefinder.IN.gov web site. This site lists all licensed providers, as well as information about each provider's recent inspections.

(3) if the Lead Agency is also providing child care services through grants and contracts, estimate the proportion of \$98.50 services available through certificates versus grants/contracts, and explain how it ensures that parents offered child care services are given the option of receiving a child care

certificate. (98.30(a) & (b)) This may be expressed in terms of dollars, number of slots, or percentages of services.

Families have the option of a voucher or referral to a grantee funded through a contract. Approximately 3% of direct service funds are in contracts.

Attach a copy of your eligibility worker's manual, policy handbook, or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1**. If these materials are available on the web, the State may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

The CCDF Voucher Program Policy and Procedure Manual may be found at <http://in.gov/fssa/carefinder/law/> select CCDF Policy and Procedure Manual

Note: Eligibility worker's manuals, policy handbooks, or other printed guidelines for administering a child care subsidy program will be used for reference purposes only. Documents provided by Lead Agencies pursuant to this section will not be uniformly or comprehensively reviewed and will not be considered part of the Plan. All information required to be part of the Plan must continue to be set forth in the Plan.

3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

- ☒ Yes, and the following **describes** the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

Child care services are available to eligible families through direct contracts with licensed child care centers as well as through vouchers. Grantees under direct contract must be licensed, accredited by a nationally recognized accrediting body that is recognized by BCC, and accessible to low income families. Every two years a RFF process is used for contract award (See attachment for RFF document).

- ☐ No.

3.1.3 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

- ☒ Yes, and the limits and the reasons for those limits are: (§§98.16(g)(2), 98.30(e)(1)(iv))

Child care provided by an individual provider who resides in the child's home is defined as RELATIVE CARE. Reimbursement may only be made in these situations to the child's grandparents, great-grandparents, aunt, or uncle. The provider must be related by law, blood, or court decree. Parents, stepparents, and legal guardians are not to be reimbursed for the care of their own children. The reimbursement rate for relative care is the same as the legally license exempt provider home rate and should be reimbursed to the provider.

Child care provided by an individual provider who comes into the child's own home is defined as IN-HOME CARE. The provider may not reside at the child's address; this individual is a non-resident of the child's home. Parents, stepparents, and legal guardians are not to be reimbursed for the care of their own children. The provider and the child's home must meet minimum standards.

IN-HOME CARE is available only for families in which three or more related children require child care. The children all must be members of the same family and related to each other by blood or law or multiple foster children related or not.

The reimbursement rate for in-home care is calculated per family on an hourly rate consistent with the current federal minimum wage. This means there is one rate for all siblings. Reimbursement is limited to no more than 40 hours of care per week (Sunday through Saturday). The market rate does not apply to this situation.

- ☐ No.

3.1.4 Are child care services provided through certificates, grants and/or contracts offered throughout the State? (658E(a), §98.16(g)(3))

- ☒ Yes.

- ☐ No, and the following are the localities (political subdivisions) and the services that are not offered:

3.2 Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care.

These rates are provided as **Attachment 3.2A**.

The attached payment rates were or will be effective as of 10/1/2007.

Provide a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey(s) was completed:
4/30/2007 . (§98.43(b)(2))
- A copy of the **Market Rate Survey instrument** and a **summary of the results** of the survey are provided as **Attachment 3.2B**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings (**See Guidance for additional information.**)
- Does the Lead Agency use its **current** Market Rate Survey (a survey completed within the allowable time period –10/1/05 -9/30/07) to set payment rates?

☒ Yes.

☐ No.

At what percentile of the current Market Rate Survey is the State rate ceiling set? If you do not use your current Market Rate Survey to set your rate ceilings or your percentile varies across categories of care (e.g., type of setting, region, age of children), describe and provide the range of variation in relation to your current survey. (**See Guidance for additional information.**)

State rate ceiling are at the 75th percentile for licensed care.

- How the payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey (i.e., describe the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

Payment rates are based on local market surveys of licensed care with rates established at the 75th percentile. Tiered rates will be maintained with separate payment rates for licensed, accredited and legally exempt child care providers. Rates are established by county on a weekly, daily and hourly basis for categories of care that include infant, toddler, 3-5 year old, kindergartner, and school age.

- Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

☒ Yes. If, yes, **describe**.

Providers are paid every two weeks and can bill for up to six holidays per calendar year. Full time care is defined as 25 hours or more per week for non school age children or 15 hours for school age children during a school year. Each child enrolled full time is allowed 20 personal days during their enrollment year for which reimbursement can be made if a child is absent.

The reimbursement rate for in-home care is calculated per family on an hourly rate consistent with the current federal minimum wage. This means there is one rate for all siblings. Reimbursement is limited to no more than 40 hours of care per week (Sunday through Saturday). The market rate does not apply to this situation.

☐ No.

- Does the State have a tiered reimbursement system (higher rates for child care centers and family child care homes that achieve one or more levels of quality beyond basic licensing requirements)?

☒ Yes. If yes, **describe**:

Separate payment rates have been established for licensed, accredited and legally exempt child care. Accredited providers can be paid up to 10% over the licensed rate.

☐ No.

3.3 Eligibility Criteria for Child Care

3.3.1 Age Eligibility

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☒ Yes, and the upper age is *through age 17*.

☐ No.

Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

☒ Yes, and the upper age is *through age 17*.

☐ No.

3.3.2 Income Eligibility

Complete columns (a) and (b) in the matrix below. Complete Columns (c) and (d) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			Income Level, lower than 85% SMI, if used to limit eligibility	
			(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	\$2,798	\$2,378	\$1,081	38.6%
2	\$3,659	\$3,110	\$1,449	39.6%
3	\$4,519	\$3,842	\$1,817	40.2%
4	\$5,380	\$4,573	\$2,185	40.6%
5	\$6,241	\$5,305	\$2,554	40.9%

If the Lead Agency does not use the SMI from the most current year, **indicate** the year used: *2008 estimated*

If applicable, indicate the date on which the eligibility limits detailed in column (c) became or will become effective: *4/29/2007*

How does the Lead Agency define “income” for the purposes of eligibility? Describe and/or include information as **Attachment 3.3.2**. (§§98.16(g)(5), 98.20(b))

*This information may be found in the CCDF Policy and Procedure Manual
(<http://in.gov/fssa/carefinder/law/>)*

- Is any income deducted or excluded from total family income (for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

☒ Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

County Adoption Assistance, Housing Voucher Benefits, Food Stamps, and Work Study Income.

☐ No.

- Is the income of all family members included?

☐ Yes.

☒ No. If no, **describe** whose income is excluded for purposes of eligibility determination.

Earned income (i.e. employment) of a dependant child under the age of 18 is not counted. However, if a child under the age of 18 lives in the home and receives SSI or TANF, that is considered unearned income and is counted.

3.3.3 Eligibility Based Upon Receiving or Needing to Receive Protective Services

Does the State choose to provide child care to children in protective services, as defined in Appendix 2? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☒ Yes.

☐ No.

Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☒ Yes.

☐ No.

- ☐ Not applicable. CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.

Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

- ☐ Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)

- ☒ No.

3.3.4 Additional Eligibility Conditions

Has the Lead Agency established additional eligibility conditions?
(658E(c)(3)(B), §98.16(g)(5), §98.20(b))

- ☐ Yes, and the additional eligibility conditions are: (Terms must be defined in Appendix 2)

- ☒ No.

3.4 Priorities for Serving Children and Families

- 3.4.1 Complete the table below regarding eligibility conditions and priority rules. For columns (a) through (d), check box if reply is “Yes”. Leave blank if “No”. Complete column (e) if you check column (d).

Eligibility Category	(a) Guarantee subsidy eligibility	(b) Give priority over other CCDF- eligible families	(c) Same priority as other CCDF- eligible families	(d) Is there a time limit on guarantee or priority?	(e) How long is time limit?
Children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families receiving Temporary Assistance for	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/07 – 9/30/09

Needy Families (TANF) for families enrolled in TANF/IMPACT					
Families transitioning from TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

- 3.4.2 **Describe** how the State prioritizes service for the following CCDF-eligible children: (a) children with special needs and (b) children in families with very low incomes. Terms must be defined in Appendix 2. (658E(c)(3)(B))

When funds are available, families are notified the CCDF Program is enrolling in priority order. The order is as follows:

- *Families receiving TANF who are not enrolled in an IMPACT activity*
- *Families with children who receive or need to receive child protective services*
- *Children with Special Needs*
- *Families transitioning off of the TANF program*
- *Families at the lowest income who are not receiving TANF or transitioning off TANF*

- 3.4.3 **Describe** how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

Families are eligible at or below 127% of the FPL remain on benefits until they reach 140% of FPL. As indicated in the CCDF Policies and Procedures Manual, TANF families who are actively participating in a case plan to ensure self-sufficiency are considered highest priority. TANF families only need a referral from their TANF caseworker to receive priority.

- 3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☒ Yes, and the additional priority rules are: (Terms must be defined in Appendix 2)

Yes, families with children who receive or need to receive child protective services as defined by (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☐ No.

3.4.5 Does the Lead Agency serve all eligible families that apply?

☐ Yes.

☒ No.

3.4.6 Does the Lead Agency maintain a waiting list?

☒ Yes. If yes, for what populations? Is the waiting list maintained at the State level? Are certain populations given priority for services, and if so, which populations? What methods are employed to keep the list current?

The Lead Agency requires that each county Intake Agent maintain a waiting list of clients who are eligible for the CCDF program, but for whom no funding is available to enroll them All waiting list applicants with earned income must provide documentation of their last wage stub to prove eligibility. The Waiting List is maintained in the State automated intake software system according to State Priorities, as indicated in CCDF Policy and Procedure Manual page 28. (www.IN.gov/fssa/family/children/bcc/ccdf.html) Intake Agents are required to update the waiting list every 90 days. Bi-weekly enrollment keeps waitlist updated and current.

☐ No.

3.5 Sliding Fee Scale for Child Care Services

3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as **Attachment 3.5.1**.

The attached fee scale was or will be effective as of 4/29/2007. *This will be updated when FPL guidelines are released.*

Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

☐ Yes, and the following **describes** any additional factors that will be used:

☒ No.

3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

☒ Yes.

☐ No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2.**

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$ 1431.

The Lead Agency must **select ONE** of these options:

☒ ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

☐ SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The following describes these families:

3.5.4 Does the State allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

☒ Yes.

☐ No.

3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) were determined to be affordable: (§98.43(b)(3))

Families above 100% of the Federal Poverty Level have co-pays based on income and family size. While families may remain at the same Federal Poverty Level each year, their family contribution will increase by 1% per year of participation not to exceed 12%.

PART 4 PARENTAL RIGHTS AND RESPONSIBILITIES

4.1 Application Process / Parental Choice

4.1.1 **Describe** the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). At minimum, the description should include:

- How parents are informed of the availability of child care services and about child care options
- Where/how applications are made
- What documentation parents must provide
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies

Attach a copy of your parent application for the child care subsidy program. If the application is available on the web, provide the appropriate Web site address (application must still be attached to Plan):

Parents may self-refer for the CCDF program or they may be referred by a variety of social services agencies, including, but not limited to: the Local Office of Family Resources/TANF case worker, schools, workforce development agencies, or local CCRR. Information is also available through the www.childcarefinder.IN.gov web site.

Determination of eligibility is a shared responsibility of both the parent and the local Intake Agent. Typically, a parent will call the local CCDF Intake site in their county and arrange an appointment time. The Intake eligibility worker will ask the parent to provide documentation that demonstrates a service and financial need, as well as residency and identity verification. The parent will receive information about their upcoming appointment; including what documentation will be needed as well as the appropriate provider worksheet to record their child care choice. The Intake Agent verifies program eligibility.

If a family is determined as eligible for the CCDF program, the parent is asked about their choice of provider. All providers must be licensed or meet minimum standards in order to participate in the CCDF program. If a parent has already selected a provider who is licensed or who has met minimum standard requirements, the eligibility worker will assign the child(ren) to the provider and

issue a voucher(s). Otherwise the family is given consumer education materials or referred to the local Child Care Resource and Referral Agency for assistance in selecting a provider.

Families are required to re-certify eligibility every six months. Parents are to report a loss of service need within 10 days. When a family's service need is expected to end in less than six-months, a voucher will be authorized not to exceed the duration of the activity, i.e. school, seasonal employment, etc. If a family's circumstances are uncertain or unstable, less than 6 months of eligibility may be certified.

Part of the selection process for local Intake agents is to evaluate the degree of customer service proposed such as evening and weekend hours, convenience of intake locations, and accommodations for working parents. In addition, intake agents are given the opportunity to complete re-certification using alternate methods which do not require a face-to-face interview.

It is the Lead Agency's responsibility to inform parents who receive TANF benefits about the exceptions to the individual penalties. In fulfilling that requirement, the Lead Agency works closely with the TANF division that is responsible for establishing criteria and definitions.

4.1.2 Is the application process different for families receiving TANF?

☒ Yes. If yes, **describe** how the process is different:

Families receiving TANF who are also participating in an IMPACT activity are given priority access to the CCDF voucher program. They are referred to the local intake by their TANF caseworker. The caseworker determines the length of the subsidy period not to exceed six-months. The caseworker also provides documentation which provides proof of identity, residency, service and financial need. A referred client may enroll utilizing this documentation as well as some form of identification for themselves. Families that receive a TANF only referral and there is no funding available are moved to the top of the waitlist.

☐ No.

4.1.3 The following is a detailed description of how the State ensures parental choice by making sure that parents are informed about their ability to choose from among family and group home care, center-based care and in-home care including faith-based providers in each of these categories.

When a child is placed on the CCDF waiting list, the Lead Agency mails a letter to the parent. This letter discusses the importance of their child care choice. It provides contact information for the CCRP as well as a provider website

maintained by the Lead Agency. Included in this mailing is a checklist to utilize when visiting prospective child care providers.

When the family is notified that funds may be available to enroll their child in the CCDF voucher program, the local intake agent will include a Provider Worksheet with the enrollment information. This worksheet provides contact information for the CCRR for parents who need assistance locating child care.

- 4.1.4 Does the State conduct activities aimed at families with limited English proficiency to promote access to child care subsidies and reduce barriers to receiving subsidies and accessing child care services?

☒ Yes. If yes, **describe** these activities, including how the State overcomes language barriers with families and providers.

Part of the selection process for local intake agents is to evaluate the agency's plan to provide assistance to families with language barriers. Some local intake agents have bi-lingual staff on-site or have made arrangements with community partners to provide translation services. In addition, some local intake agents have translated popular CCDF information and forms into Spanish.

The Bureau of Child Care's quality partner, the Indiana Association for Child Care Resource and Referral (IACCRR), has a bi-lingual specialist on staff who offers provider trainings in Spanish as well as assists local CCRR's in meeting the needs of their Spanish speaking clients. We are exploring the possibility of converting the Bureau of Child Care's website to Spanish.

☐ No.

4.2 Records of Parental Complaints

The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

Parental complaints are investigated by Bureau of Child Care staff. Those complaints that are substantiated are listed on the World Wide Web at the website www.ChildCareFinder.IN.gov Parents can search through the databases of licensed and registered providers by city, county, state, and name of child care provider. Complaints are also available in the Lead Agency's official files. Complaints about child care providers that are not required to be licensed and accept CCDF funds are investigated when the allegations are around the standards for CCDF. These files are stored at each Child Care Resource and Referral office.

4.3 Unlimited Access to Children in Child Care Settings

The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

At the time of parent application at the eligibility site, the parent is informed of their rights and responsibilities. Included is the right to visit their children at all times and to see all areas used for child care. Providers must sign an agreement that they will allow unlimited parental access to be certified as a provider.

4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: Division of Family Resources.

- "appropriate child care": *Any child care which is provided in accordance with Indiana law. Appropriate child care is either licensed, registered or legally-license exempt*
- "reasonable distance": *A round trip from home to child care setting is less than two hours in duration by an automobile.*
- "unsuitability of informal child care": *Care which has resulted in abuse or neglect of a child or care which is subject to licensure requirements, but is not licensed.*
- "affordable child care arrangements": *Any care which is totally subsidized by the agency as TANF recipients are not expected to pay for child care.*

PART 5

ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

5.1 Quality Earmarks and Set-Asides

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; describes the expected results of the activities and, if the activities have been ongoing, the actual results of the activities. **For the infant and toddler earmark, the State must note in its description of the activities what is the maximum age of a child who may be served with such earmarked funds (not to exceed 36 months).**

Infants and toddlers:

Indiana Association of Child Care Resource and Referral (IACCRR) provides the following services statewide:

Better Baby Care- a series of trainings that include West Ed modules as well as the Better Baby Care Curriculum primarily for providers

Safe Sleeping Practices- a training module for providers and families designed to reduce the incident of Sudden Infant Death Syndrome in child care homes. This training is required in ministries in order to meet Voluntary Certification Program (VCP) standards.

Infant Toddler Mentoring Project-a mentoring project attached to the Better Baby Care Indiana that allows providers to review their practices and child care setting utilizing the ITERS-the Infant Toddler Environmental Rating Scale

Enhanced Child Care Referrals – a special service for the families of infants and toddlers to provide consumer education and extra help in locating appropriate care for their children.

- *In FFY 06, 1,390 enhanced referrals were made for infants and toddlers and 6,617 individuals were provided training, technical assistance, and/or mentoring to improve the quality of child care for infants and toddlers.*

Indiana Association for the Education of Young Children (IAEYC) provides the following services statewide:

Infant Toddler Specialist Initiative (ITSI)-a network for professional development for more advanced infant toddler caregivers that includes

interactions with faculty from Indiana University and Purdue University including implications of current research on best practices; a distance learning university class and annual professional development institute offering college credit or CEU's:

- *In FFY 06 , 309 infant toddler specialists took advantage of high quality research briefs, resources, and activities available through a web based network. In addition, 180 specialists participated in intensive credit based training that benefited over 7,655 children.*

Resource and referral services:

The Lead Agency partners with the IACCRR to provide field support and technical assistance to eleven local Child Care Resource and Referral Agencies for the delivery of statewide child care resource and referral activities to parents, providers and communities.

- *During FFY 06, 15,906 unique families accessed the services of child care resource and referral. Each of these families was provided with the consumer education materials and one-on-one counseling regarding the selection of quality child care for their children.*

School-age child care:

The Lead Agency has partnered with IAEYC to develop and pilot Indiana School Age Credential as a professional development tool for providers of school age children and youth workers. The next step is to integrate the credential into a professional development system.

- *The credential has been awarded to 5 school age providers benefiting over 300 children. An additional 6 providers have applied and are awaiting the credential assessment.*

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds) during the 1-year period: October 1, 2007 through September 30, 2008:

\$14,796,480.00(8 %)

STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/07 – 9/30/09

- 5.1.3 **Check** each activity the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

Activity	Check if undertaking/will undertake	Name and type of entity providing activity	Check if this entity is a non-governmental entity?
Comprehensive consumer education	<input checked="" type="checkbox"/>	Non TANF State Agency, CCRR and other	<input checked="" type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input checked="" type="checkbox"/>	CCRR and Other	<input checked="" type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	Non-TANF State Agency and Other	<input checked="" type="checkbox"/>
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	CCRR and Other	<input checked="" type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	Non TANF State Agency and CCRR and Others	<input checked="" type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	CCRR	<input checked="" type="checkbox"/>

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Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children



Non
TANF
State
Agency
and CCRR



Activities that increase parental choice



Non
TANF
State
Agency
and CCRR



Other activities that improve the quality of child care (describe below).



CCRR and
Others



Other activities that improve the availability of child care (describe below).



(§98.51(a)(1) and (2))

- 5.1.4 For each activity checked, **describe** the expected results of the activity. If you have conducted an evaluation of this activity, **describe**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

Comprehensive Consumer Education

Indiana's web based child care site, www.Childcarefinder.IN.gov, has been well accepted as a consumer education tool and has been very successful averaging 17,967 visits per month in FFY 2006. The website complements services offered by resource and referral agencies to families by providing licensing information, a brief summary of services offered by the provider, and an unrestricted number of choices available for review. The website is integrated with the Lead Agency Licensing Database to provide parents with up-to-date information on a provider's current license status, and inspection history so parents may make better informed decisions when choosing a child care provider. After the new Quality Rating System is implemented statewide this information will be incorporated into the website.

The website also serves providers and child care advocates by maintaining a flow of communication and providing a central repository for information relevant to the early childhood care and education constituency. The website includes Indiana's child care rules and regulations as well as other helpful resources for parents and providers.

The Lead Agency contracts with the Indiana Association of Child Care Resource and Referral Agencies to provide consumer education and referral. During FFY 2006, a total of 15,906 unique families accessed these services. Each of these families was provided with consumer education materials and one-on-one counseling regarding the selection of quality child care.

In addition, when a child is placed on the CCDF child care voucher waiting list, the Lead Agency mails a special letter to the parent. The goal was to increase the number of CCDF children in licensed care. The letter discusses the importance of their child care choice. It provides contact information for the CCRR as well as the website maintained by the Lead Agency. Included in this mailing is a checklist for the parent to utilize when visiting prospective child care providers. In FFY 2006, 70.2% of CCDF children were served in licensed care.

As part of an effort to further improve comprehensive consumer education in the state, the Lead Agency has laid the groundwork during FFY 2006 to establish a statewide Quality Rating System (QRS) of child care providers. It is anticipated that a statewide QRS will be rolled out during the 10/1/07-9/30/09 CCDF State Plan fiscal period. The goal is to improve the quality of early learning and to empower families with an easy to understand consumer guide to choosing the best early education and care for their children. An implementation plan is being developed in collaboration with our quality partners and other interested stakeholders to phase in a statewide system based on a pilot model currently operating in the state.

Grants and Loans to assist in meeting State standards

The Lead Agency partners with IACCRR and IAIEYC to provide assistance for professional development for child care providers through programs such as T.E.A.C.H. which assist providers in meeting their on-going education requirements.

Provider supports and incentives will be incorporated into the achievement of the quality levels of the QRS including support in meeting accreditation standards. The supports and incentives available through the system will be administered by IACCRR and IAIEYC as part of a mentoring process

Monitoring Compliance

The Lead Agency uses quality funds for licensing staff to increase monitoring activities and to improve compliance by licensed and unlicensed registered providers with state regulatory requirements.

Quality funds are also used through a state-wide contract to certify legally license-exempt provider compliance with the state mandated CCDF Provider Eligibility Standards.

The Lead Agency also uses quality funds through a Memorandum of Understanding to support the State Fire Marshall in ensuring all applicable child care facilities meet Indiana Fire Code regulations.

Professional Development

Both licensed child care centers and homes in Indiana have some education requirements that include at a minimum a Child Development Associate Credential (CDA). This nationally recognized entry level credential is required for the owner/applicant for a licensed child care home and for the lead teacher in a licensed child care center classroom. Directors of licensed child care centers must have an appropriate associate degree in early childhood education or a similar bachelor's degree or a bachelor's degree with the equivalent of fifteen hours of early childhood education. The Lead Agency focuses professional development funding support on several statewide quality initiatives to increase the professional development and educational qualifications of child care center teachers, directors and family child care providers.

Education initiatives include a partnership with the IAIEYC for formal credit based training through the T.E.A.C.H. Early Childhood INDIANA scholarship program. Scholarships are awarded for CDA as well as Associate and Bachelor Degree credits. In FFY 2006 credit based educational scholarships were awarded to 2,238 early childhood providers in 1,041 different early childhood settings benefiting 61,891 children.

Other CDA education opportunities include non formal CDA training and On Line Learning. These projects assist non-traditional participants to earn a nationally recognized credential and meet state licensing requirements through a statewide training system of qualified organizations such as CRRs, Ivy Tech State College, and the Purdue University Cooperative Extension. Participants can attend training close to home or via the internet. In FFY 2006, 655 early childhood providers earned a total of 32,830 contact clock hours of training through these credential projects benefiting 6,185 children.

The Infant Toddler Specialist Initiative (ITSI) is a professional development network for more advanced infant toddler caregivers that includes interactions with faculty from Indiana University and Purdue University; the implications of current research on best practice; a distance learning university class and annual professional development institute offering college credit or CEU. This professional development network seeks to bring together a professional level of infant toddler providers from Head Start, Child Care, First Steps, and the overall provider community to create a process for focusing on the skills and expertise needed for these providers.

In FFY 2006, 309 infant toddler specialists took advantage of high quality research briefs, resources, and activities available thru a web based network. In addition, 180 specialists participated in intensive credit based training that benefited over 7,655 children

Other professional development training initiatives supported in partnership with IACCRR include:

- *Better Baby Care Indiana (BBCI) - a series of trainings to improve the quality and capacity of infant and toddler care. The project includes a special training initiative that allows providers to participate in a mentoring program with a nationally recognized assessment tool (ITERS-the Infant Toddler Environmental Rating Scale) and to gain additional materials to improve their quality as identified by the assessment tool. The training includes West Ed modules as well as the national Better Baby Care Curriculum. The project also includes a Safe Sleeping Practices training module for providers and families designed to reduce the incident of Sudden Infant Death Syndrome in child care homes. In FFY 2006 6,617 providers participated in training through this project.*
- *Inclusion Training- two levels of training to help child care providers recognize their role in providing the most appropriate environment for children with disabilities. The first level is a required training for all licensed child care center directors. The second level is a multi component training on offering services for children with special needs in a mainstreamed setting. In FY 2006 1,732 providers were trained through this project..*
- *Mentors as Partners – One on one formalized mentoring to increase the quality of care in licensed homes, licensed centers and unlicensed registered ministries. The program includes pre and post environmental rating assessment using the nationally recognized ECERS tool and incentives for provider participation. This project will transition and expand to become one of the primary supports for providers in the new QRS. In FFY 2006, 160 providers participated in mentoring.*
- *Accreditation Project – Support for child care facilities and homes that are committed to improving program quality by seeking national accreditation. Financial and technical assistance are available to programs as they complete the accrediting process from self study to observation and validation. Indiana has experienced a 19% increase in the number of accredited facilities*

in the state. In FFY 2006, 161 facilities serving 15,772 children received financial and /or technical support for accreditation.

Improving Salaries and Other Compensation

The major statewide initiative to improve salaries and compensation of providers is the T.E.A.C.H. program. Education, compensation and retention of the early care and education workforce are critical to making positive gains for children. This innovative program links training, compensation and commitment to improving the quality of early child care and education experiences for young children and their families by reducing provider turnover. By requiring a collective investment, participants and child care programs move together toward a greater acceptance of ongoing support for professional development and its linkage to better compensation.

Activities in Support of Early Language, Literacy and Math

Project Braintree: A series of activities which are boxed and available to child care providers that support literacy, math, and science skills. These activities were developed through a contract with the Indiana Child Care Fund Board and disseminated through the Child Care Resource and Referral network. Many of the series materials are now available in both English and Spanish.

The Foundations to the Indiana Academic Standards for Young Children : The Foundations were revised in FFY 2006 to include children from birth to age 3. The Lead Agency is collaborating with the state education agency to update and revise the current video to include the new standards. The new DVD will be distributed and made available for download on the state education agency website. A training will be conducted for qualified trainers who will further disseminate the information.

These foundations support the wide array of standards needed to help children in child care settings transition from child care to public school. The Lead Agency and the state education agency are collaborating on a Ready Schools/Ready to Learn initiative that will increase communication and understanding between local schools and child care providers in an effort to align early education and better prepare and transition children.

ECERS-The ECERS/ITERS/FCCERS array of instruments are being utilized to help child care providers assess their own settings and skill levels in all areas including program. Results from the assessments are used to improve the quality of care.

Activities to Promote Inclusive Child Care

The Lead Agency partners with IACCRR to provide one on one support, consultation, and training to early care providers for integrating children with disabilities into their programs. In addition, each CCRR must provide families of children with special needs free enhanced child care referrals to assist them in locating the most appropriate environment for their child.

The Lead Agency also partners with IACCRR to provide Inclusion training for Child Care Center Directors. This training is required for all center directors.

Healthy Child Care America and other Health Activities

The Lead Agency is a partner with the Indiana State Department of Health and participates in the Sunny Start Initiative that includes the Healthy Child Care Indiana Program.

During FFY 2008 the Lead Agency will collaborate with the Indiana State Department of Health in the development and implementation of an expanded statewide child care health consultant program focusing on health and safety issues in child care, increased immunization rates for 2 year olds, utilization of safe sleeping practices, and an increase in the number of children with medical homes and health insurance. The health consultants will work to increase the level of quality of care through provision of professional development and one on one consultation.

Activities to Increase Parental Choice

The Lead Agency partners with IACCRR to develop and implement child care recruitment plans in all 92 Indiana Counties. General child care provider Orientation Training I is provided monthly in local communities. In addition, a more in depth Orientation Training II specific to the type of care to be provided is available monthly. Potential applicants are given information and the opportunity to have their questions answered. Information on how to become a child care provider and enrollment in the Orientation Training is available on the Lead Agency's website www.childcarefinder.in.gov. The successes of these plans are monitored through statistical analysis of available child care options.

Other Activities that Improve the Quality of Care

The Lead Agency plans to begin the implementation of a Child Care Quality Rating System (QRS) in FFY 2008. An implementation plan is being developed in collaboration with our quality partners and other interested stakeholders to phase in a statewide system based on a pilot model currently operating in the state. This QRS system is based upon early childhood research and identifies the most critical indicators of a quality learning environment. These indicators will be measured and communicated to parents based upon the level of quality offered in individual child care settings. Provider incentives and supports will be a part of

the system as well as an evaluation plan. The QRS system will provide a method to assess, improve and communicate the level of quality in early care and education settings. Through the implementation of the voluntary QRS system, Indiana hopes to achieve the following objectives:

- *Increase the quality of care for all children*
- *Provide parents with a method to make informed child care choices*
- *Support professional development activities of child care providers*
- *Reward provider who demonstrate commitment to continuous quality improvement of their child care programs.*

5.2 Good Start, Grow Smart Planning and Development

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and early math concepts and a plan for the education and training of child care providers. The third component of the President's *Good Start, Grow Smart* initiative, planning for coordination across at least four early childhood programs and funding streams, was addressed in Section 2.1.2.

5.2.1 Status of Voluntary Early Learning Guidelines. Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three to five year-olds. **NOTE: Check only one box to best describe the status of your State's three-to-five-year-old guidelines.**

- ☐ **Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____
- ☐ **Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____
- ☐ **Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1.**
- ☒ **Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1.**
- ☐ **Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1.**
- ☐ **Other (describe):**

Describe the progress made by the State in developing, implementing, or revising early learning guidelines since the date of submission of the 2006-2007 State Plan.

The Foundations to the Indiana Academic Standards for Young Children were revised in FFY 2006 to include children from birth to age 3. The Lead Agency is collaborating with the state education agency to update and revise the current video to include the new standards. The new DVD will be distributed and made available for download on the state education agency website. A training will be conducted for qualified trainers who will further disseminate the information.

These foundations support the wide array of standards needed to help children in child care settings transition from child care to public school. The Lead Agency and the state education agency are collaborating on a Ready Schools/Ready to Learn initiative that will increase communication and understanding between local schools and child care providers in an effort to align early education and better prepare and transition children.

If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)?

☒ Yes. If yes, **name standards.**

Indiana Foundations for Early Learning are aligned with K-12 content standards and the Head Start Performance Standards.

☐ No.

If developed, are the guidelines aligned with early childhood curricula?

☒ Yes. If yes, **describe.**

The Foundations to the Standards address skills and competencies that children are to achieve from birth to age five. The Foundations are not a comprehensive list of skills that a particular child must exhibit. The Foundations and the Indiana Standards are frameworks instead of complete curricula. They are designed to assist all who work with young children in approaching the various domains from a developmentally appropriate perspective.

☐ No.

Have guidelines been developed for children in the following age groups (check if guidelines have been developed):

- ☒ Birth to three. Guidelines are included as Attachment 5.2.1
- ☒ Birth to five. Guidelines are included as Attachment 5.2.1
- ☐ Five years or older. Guidelines are included as Attachment 5.2.1

Efforts to develop early learning guidelines for children that may differ from those addressed in *Good Start, Grow Smart* (i.e., children birth to three or older than five) may be described here.

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

*The Foundations to the Indiana Academic Standards for Young Children from Birth to Age 5 is available at
www.doe.state.in.us/primetime/welcome.html#1.*

5.2.2 Domains of Voluntary Early Learning Guidelines. Do the guidelines for children three-to-five-years-old address language, literacy, pre-reading, and early math concepts?

- ☒ Yes.
- ☐ No.

Do the guidelines for children three-to-five-years-old address domains not specifically included in *Good Start, Grow Smart*, such as social/emotional, cognitive, physical, health, creative arts, or other domains?

- ☒ Yes. If yes, **describe**.

English/language Arts, Math and Science, Social Studies, Health and Physical Education, Music and Visual Arts

- ☐ No.

5.2.3 Implementation of Voluntary Early Learning Guidelines. Indicate the strategies the State used or expects to use in **implementing** its early learning guidelines.

Check all that apply:

- ☒ Disseminating materials to practitioners and families
- ☐ Developing training curricula

- ☒ Partnering with other training entities to deliver training
☒ Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
☐ Other. Describe:

Indicate the stakeholders that are (or expect to be) actively supporting the implementation of early learning guidelines.	Indicate the programs that mandate or require the use of early learning guidelines.
<input checked="" type="checkbox"/> Publicly funded (or subsidized) child care	<input type="checkbox"/> Publicly funded (or subsidized) child care
<input checked="" type="checkbox"/> Head Start	<input type="checkbox"/> Head Start
<input checked="" type="checkbox"/> Education/Public pre-k	<input type="checkbox"/> Education/Public pre-k
<input checked="" type="checkbox"/> Early Intervention	<input type="checkbox"/> Early Intervention
<input checked="" type="checkbox"/> Child Care Resource and Referral	<input type="checkbox"/> Child Care Resource and Referral
<input checked="" type="checkbox"/> Higher Education	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Parent Associations	<input type="checkbox"/> Parent Associations
<input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Other. Describe:

How are (or will) cultural, linguistic and individual variations (be) acknowledged in implementation?

The Foundations and experiences are not inclusive but rather a guide that will assist the young learner in preparing for success. These skills are not written in any particular order and because children grow and learn at different rates and in different ways, should not be used as a checklist. The Foundations include an introduction on how to use the Foundations that includes Adaptations for Exceptional Learners, and Recommended Practices for Young Children Who Are English Language Learners.

How are (or will) the diversity of child care settings (be) acknowledged in implementation?

By outlining specific skills and concepts and giving examples of instructional strategies, the Foundations will support teachers, parents, caregivers, or other professional personnel as they develop appropriate experiences for young children regardless of whether the child is in an early childhood setting or at home.

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address:

*A video and copy of the Foundations is available at
www.doe.state.in.us/primetime/welcome.html#1*

- 5.2.4 **Assessment of Voluntary Early Learning Guidelines.** As applicable, **describe** the State's plan for:
- (a) Validating the content of the early learning guidelines
 - (b) Assessing the effectiveness and/or implementation of the guidelines
 - (c) Assessing the progress of children using measures aligned with the guidelines
 - (d) Aligning the guidelines with accountability initiatives

Validity of Content:

*The Indiana Department of Education was awarded a General Supervision Enhancement Grant from the U.S. Department of Education in 2006. An important project activity of the grant will be to conduct extensive alignment and assessment development (e.g., validation, norming) activities with Indiana's assessment tool known as Indiana Standards Tool for Alternate Reporting. An overall goal of the assessment project is (1) to determine the normative characteristics, validity and reliability of ISTAR for typically developing population of infants, toddlers, and preschool children, and (2) the enhancement of a valid and reliable assessment that is aligned with the state academic to address the reporting needs under Individuals with Disabilities Education Act (IDEA), Part C and Part B, related to outcomes for infants, toddlers, and preschool children with disabilities. The ISTAR measures progress on the skills in Indiana's Foundations to the Indiana Academic Standards for Young Children from Birth to Age 5 (Foundations). The Indiana Foundations to the Indiana Academic Standards for Young Children from Birth to Age 5 may be found at:
<http://www.doe.state.in.us/primetime/welcome.html>*

Assessing Effectiveness of Guidelines:

The Foundations were recently revised to include skills beginning from birth. The latest iteration of the Foundations was developed with rigorous stakeholder involvement by individuals with expertise in each specialized area and age group. They represent the latest national research and findings for each content area. The downward extension of the Indiana Academic Standards in ISTAR also included rigorous stakeholder involvement in the form of an on-going psychometric focus group comprised of special educators and administrators, teachers, Institute of Higher Education psychometric experts, parent representatives and others utilizing the ISTAR school-age model. The ISTAR incorporates the English/language Arts and Mathematics academic standards and functional skills including social-emotional, physical, personal care, self-help, and independence. The latest iteration of the Foundations published in August of 2006

include the skills developed for children birth to three years of age. The stakeholder groups made suggestions to improve the effectiveness of the document that was published in 2004. The August 2006 edition includes the requested changes.

Outcomes measures:

ISTAR is a web-based, standards and foundations-referenced assessment system designed and provided at no charge by the Indiana Department of Education, Division of Exceptional Learners. The ISTAR contains downward extensions of English/language Arts and mathematics and functional achievement skills. The downward extensions are referenced in the “Foundations to the Indiana Academic Standards for Children from Birth to Age 5.” The Division of Exceptional Learners utilizes ISTAR to report on 3 outcomes that are required under the IDEA: (1) Positive social-emotional skills (2) Acquisition and use of knowledge and skills (3) Use of appropriate behaviors to meet their needs. Information about ISTAR for young children may be found at:

<https://ican.doe.state.in.us/COMMON/help/Reference/istarref.htm>

<https://ican.doe.state.in.us/COMMON/istarparentinfo.php>

<https://ican.doe.state.in.us/ISTAR/paperforms.htm>

As a condition of eligibility for federal IDEA, Part B funds, public schools must assess all early childhood students with disabilities with ISTAR. The ISTAR measures individual child progress. The tool is available to other early childhood providers interested in measuring child progress. It is not just for children with disabilities. It is a tool for measuring progress for all children. ISTAR users can conduct ISTAR assessments over secured internet services to obtain “on-demand” information for monitoring the continuous improvement of instruction and student outcomes.

Accountability:

The skills identified in the Foundations are referenced in ISTAR. ISTAR is the measure of accountability for the progress of individual children within the assessment system. The ISTAR holds the public schools and the State Education Agency (required users) accountable for improved performance as specified in No Child Left Behind and the Individuals with Disabilities Education Act. It offers other entities utilizing the Foundations a means to be accountable for improved performance.

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, provide the appropriate Web site address (reports must still be attached to Plan): *There are no written reports*

- 5.2.5 State Plans for Professional Development.** **Indicate** which of the following best describes the current status of the State's efforts to develop a professional development plan for early childhood providers that includes all the primary

sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box to best describe the status of your State's professional development plan.**



Planning. Indicate whether steps are under way to develop a plan. If so, describe the entities involved in the planning process, time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.

Professional development is a key component of the voluntary Child Care Quality Rating System (QRS) that is being developed by the Lead Agency in collaboration with IACCRR and IAEEYC. An advisory group made up of legislators, higher education, the State Health Department, the State Department of Education, Headstart, United Way, private funders, early childhood advocates, child care providers and other stakeholders has been formed along with a steering committee, marketing committee, and QRS orientation committee.

The QRS levels of quality have standards with increasing education and annual training requirements attached. The elements of a professional development system will be aligned into the framework of the QRS to support providers as they move through the system. Many elements are already in place and it is anticipated that the QRS will combine the state's quality improvement projects into one coherent system. Provider incentives and supports will be included in the system and a multiyear evaluation through Purdue University is planned. Statewide Implementation of the QRS is planned to begin in FFY 2008.

State regulations require that Child care home providers and lead teachers in Child Care Centers have a minimum of a CDA within a specified period of time. The Lead Agency will maintain support for initiatives that assist child care center teachers, directors and family child care providers to meet the education and training requirements as the base of a professional development system. Formal credit based education through the T.E.A.C.H. Early Childhood INDIANA scholarship program will support providers in meeting these requirements. Scholarships are awarded for CDA as well as Associate and Bachelor Degree credits.

Other CDA education opportunities include non formal CDA training and On Line Learning. These projects assist non-traditional participants to earn a nationally recognized credential and meet state licensing requirements through a statewide training system of qualified approved organizations such as CCRR, Ivy Tech State College, and Purdue University Cooperative Extension. Participants can attend training close to home or via the internet. The state early learning guidelines, Foundations to the Indiana Academic Standards for Young Children

from Birth to Age 5, have been incorporated into the approved CDA training curriculum.

- ☐ **Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5.**
- ☐ **Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5.**
- ☐ **Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5.**
- ☐ **Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 06-07 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5.**
- ☐ **Other (describe):**

Describe the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2006-2007 State Plan.

Preliminary planning efforts have been made in specific areas and are now coming together as elements of the planned QRS. The most significant efforts around development of a plan have been in the following areas:

- *Indiana's Foundations for Young Children have been revised to incorporate early learning guidelines for children from birth to age 3.*
- *The 2005 Child Care Workforce Study providing comprehensive data on various issues facing the child care workforce was completed and disseminated.*
- *The 2005 Report on the Economic Dimensions of the Child Care Industry in Indiana was released.*
- *The success of the Accreditation Project resulting in an increase of 19% in the number of nationally accredited facilities in the state including all those under contract to provide CCDF childcare.*
- *The development and success of a mentoring project that included pre and post environmental rating assessment, provider supports and incentives. 160 providers volunteered to participate and a waiting list had to be established for others who wished to participate due to limited resources. The success of this project helped move the QRS forward.*

STATE PLAN FOR CCDF SERVICES
FOR THE PERIOD 10/1/07 – 9/30/09

If your State has developed a plan for professional development, does the plan include (**Check EITHER yes or no for each item**): *NA*

	Yes	No
Specific goals or desired outcomes	<input type="checkbox"/>	<input type="checkbox"/>
A link to Early Learning Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of trainers	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
State Credentials – State for which roles (e.g. infant and toddler credential, directors' credential, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input type="checkbox"/>	<input type="checkbox"/>

For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.

For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components. *See previous Section*

Are the professional development opportunities described in the plan available?

Note: Check either yes or no for each item):

	Yes	No
Statewide	<input type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

Describe how the plan addresses early language, literacy, pre-reading, and early math concepts development.

Are program or provider-level incentives offered to encourage provider training and education?

- ☐ Yes. If yes, **describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.
- ☒ No. If no, **describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

Incentives are available as part of several professional development initiatives, such as:

- The T.E.A.C.H. Early Childhood INDIANA program provides scholarships and in a cooperative venture with the sponsoring employer bonuses and/or salary increases for providers that participate. The CDA training curriculum includes early language, literacy, pre-reading and early math concepts.*
- Developmentally appropriate program materials typically related to early learning concepts for those providers participating in the accreditation and mentoring projects that will help them meet their goal of accreditation, or in the case of the mentoring program improve their site as measured by the ECERS system of site assessments.*

As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- ☐ Yes. If yes, **describe** how the professional development plan's effectiveness/goal is assessed.
- ☒ No. If no, **describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

The professional development plan has not been completed.

Does the State assess the effectiveness of specific professional development initiatives or components?

☐ Yes. If yes, **describe** how specific professional development initiatives or components' effectiveness is assessed.

☒ No. If no, **describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

Although monthly, quarterly and annual data reports on project goals and results are reviewed, there has not been a formal assessment of the effectiveness of individual components. This will be considered as part of the QRS evaluation component.

As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

☐ Yes. If yes, **describe** how assessment informs the professional development plan.

☒ No. If no, **describe** any plans to include assessment to inform the professional development plan.

An evaluation component is planned as part of the Quality Rating System.

PART 6

HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

6.1 Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation?

- ☐ Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.
- ☒ No. If no, **describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

IC 12-17.2-2-8

Licensure exemptions

Sec. 8. The division shall exempt from licensure the following programs

- (1) A program for children enrolled in grades kindergarten through 12 that is operated by the department of education or a public or private school.*
- (2) A program for children who become at least three (3) years of age as of December 1 of a particular school year (as defined in IC 20-18-2-17) that is operated by the department of education or a public or private school*
- (3) A nonresidential program for a child that provides child care for less than four (4) hours a day.*
- (4) A recreation program for children that operates for not more than ninety (90) days in a calendar year.*
- (5) A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts*
- (6) A program operated to serve migrant children that:*
 - (A) provides services for children from migrant worker families; and*
 - (B) is operated during a single period of less than one hundred twenty*

- (120) consecutive days during a calendar year.*
- (7) A child care ministry registered under IC 12-17.2-6.*
- (8) A child care home if the provider:*
 - (A) does not receive regular compensation;*
 - (B) cares only for children who are related to the provider;*
 - (C) cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or*
 - (D) operates to serve migrant children.*
- (9) A child care program operated by a public or private secondary school that:*
 - (A) provides day care on the school premises for children of a student or an employee of the school;*
 - (B) complies with health, safety, and sanitation standards as determined by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter; and*
 - (C) substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.*
- (10) A school age child care program (commonly referred to as a latch key program) established under IC 20-26-5-2 that is operated by:*
 - (A) the department of education;*
 - (B) a public or private school; or*
 - (C) a public or private organization under a written contract with:*
 - (i) the department of education; or*
 - (ii) a public or private school.*

As added by P.L.1-1993, SEC.141. Amended by P.L.61-1993, SEC.8; P.L.136-1993, SEC.6; P.L.2-1995, SEC.50; P.L.50-2001, SEC.1; P.L.1-2005, SEC.136.

- 6.1.2 Have center licensing requirements as they relate to staff-child ratios, group size, or staff training been modified since approval of the last State Plan?
(§98.41(a)(2)&(3))

☒ Yes. If yes, **describe** the changes.

Child Staff Ratios

Effective 9/11/04, child/staff ratios for 6 years and older changed from 20:1 to 15:1

Group Sizes

Effective 9/11/04, group sizes for 2 year olds changed from 15 to 10; for 3 years old from no maximum to 20; for 4 years old from no maximum to 24; and for 5 years old from no maximum to 30.

Staff Training

Prior to 9/1/04, staff was required to have 12 hours of in-service training per year which could include CPR, First Aid, and Universal Precautions. The new regulations require 12 additional hours of staff training which are in addition to CPR, First Aid and Universal Precautions. The 12 hours of in-service training is required to be in the following categories: positive classroom management and discipline, developmentally appropriate practices and curriculum, child development, and health, nutrition, sanitation and safety.

☐ No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
 1. *Each child must have age appropriate immunizations including Varicella and Pneumococcal vaccines. A medical exemption statement from a physician or a religious belief exemption statement from the parent is also permissible.*
 2. *A provider shall have intradermal tuberculosis test and result. If medical exempt, there must be an annual chest x-ray or a physician's statement indicating the patient is "free of TB symptoms".*
- Building and physical premises safety
 1. *A residential building shall have working smoke detectors on each level, top of each stairway and adjacent to each sleeping area, or as required by fire and building codes.*
 2. *Facility must have a 2 ½ lb or greater ABC multiple purpose fire extinguisher on each floor and in the kitchen with valid expiration date.*
 3. *Facility must have two exits on different sides of the building. Exits do not go through a garage or storage area where hazardous materials are stored, are not blocked, and are not windows. Exits must be operable*

from the inside in a one-step process (no key or special knowledge required.)

4. *Each childcare facility shall have hot and cold running water from an approved source from a sink that is in an area where childcare is provided.*
5. *Each provider shall have a working telephone in each facility accessible to any staff member.*
6. *Each provider shall have the following items inaccessible to children: firearms, ammunition, poisons, chemicals, bleach, and cleaning materials.*

- Health and safety training

1. *Each provider shall have monthly documented fire drills including date/time/weather conditions/name of person conducting drill/full evacuation time and maintained for previous 12 months.*
2. *At least one childcare provider, onsite at all times, shall have annual certification in age appropriate CPR. All childcare provider shall have current First Aid.*

6.2 Health and Safety Requirements for Group Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☐ Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.
- ☒ No. If no, **describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

Group home care is not an available category of care in the state.

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

- ☐ Yes. If yes, **describe** the changes.
- ☒ No.

- 6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

Group home care is not an available category of care in the state.

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

6.3 Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))

- 6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☐ Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.
- ☒ No. If no, **describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

IC 12-17.2-2-8

Licensure exemptions

Sec. 8. The division shall exempt from licensure the following programs

- (1) A program for children enrolled in grades kindergarten through 12 that is operated by the department of education or a public or private school.*
- (2) A program for children who become at least three (3) years of age as of December 1 of a particular school year (as defined in IC 20-18-2-17) that is operated by the department of education or a public or private school*
- (3) A nonresidential program for a child that provides child care for less than four (4) hours a day.*
- (4) A recreation program for children that operates for not more than ninety (90) days in a calendar year.*
- (5) A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts*

- (6) *A program operated to serve migrant children that:*
 - (A) *provides services for children from migrant worker families; and*
 - (B) *is operated during a single period of less than one hundred twenty (120) consecutive days during a calendar year.*
- (7) *A child care ministry registered under IC 12-17.2-6.*
- (8) *A child care home if the provider:*
 - (A) *does not receive regular compensation;*
 - (B) *cares only for children who are related to the provider;*
 - (C) *cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or*
 - (D) *operates to serve migrant children.*
- (9) *A child care program operated by a public or private secondary school that:*
 - (A) *provides day care on the school premises for children of a student or an employee of the school;*
 - (B) *complies with health, safety, and sanitation standards as determined by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter; and*
 - (C) *substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.*
- (10) *A school age child care program (commonly referred to as a latch key program) established under IC 20-26-5-2 that is operated by:*
 - (A) *the department of education;*
 - (B) *a public or private school; or*
 - (C) *a public or private organization under a written contract with:*
 - (i) *the department of education; or*
 - (ii) *a public or private school.*

As added by P.L.1-1993, SEC.141. Amended by P.L.61-1993, SEC.8; P.L.136-1993, SEC.6; P.L.2-1995, SEC.50; P.L.50-2001, SEC.1; P.L.1-2005, SEC.136.

- 6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☒ Yes. If yes, **describe** the changes.

Children at least 14 years of age shall not be counted in the capacity of a licensed child care home unless they require care.

☐ No.

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
 1. *Each child must have age appropriate immunizations including Varicella and Pneumococcal vaccines. A medical exemption statement from a physician or a religious belief exemption statement from the parent is also permissible.*
 2. *A provider, or individual over the age of 18 who resides with the provider, shall have intradermal tuberculosis test and result. If medical exempt, there must be an annual chest x-ray or a physician's statement indicating the patient is "free of TB symptoms".*
 3. *The provider must have written plans for notifying parents of their illness or serious injury.*
- Building and physical premises safety
 1. *A residential building shall have working smoke detectors on each level, top of each stairway and adjacent to each sleeping area, or as required by fire and building codes.*
 2. *Facility must have a 2 ½ lb or greater ABC multiple purpose fire extinguisher on each floor and in the kitchen with valid expiration date.*
 3. *Facility must have two exits on different sides of the building. Exits do not go through a garage or storage area where hazardous materials are stored, are not blocked, and are not windows. Exits must be operable from the inside in a one-step process (no key or special knowledge required.)*
 4. *Each childcare facility shall have hot and cold running water from an approved source from a sink that is in an area where childcare is provided.*
 5. *Each provider shall have a working telephone in each facility accessible to any staff member.*
 6. *Each provider shall have the following items inaccessible to children: firearms, ammunition, poisons, chemicals, bleach, and cleaning materials*
- Health and safety training

1. *Each provider shall have monthly documented fire drills including date/time/weather conditions/name of person conducting drill/full evacuation time and maintained for previous 12 months.*
2. *At least one childcare provider, onsite at all times, shall have annual certification in age appropriate CPR. All childcare provider shall have current First Aid.*
3. *The provider must post an evacuation/emergency plan in case of fire or inclement weather.*
4. *The provider, or individual over age 18 who resides with the provider, or anyone employed at the facility must submit to drug testing which verifies that there is not a presence of an illegal controlled substance.*
5. *The provider shall complete Safe Sleep Training.*

6.4 Health and Safety Requirements for In-Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above?

☐ Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

☒ No. If no, **describe** which in-home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

IC 12-17.2-2-8

Licensure exemptions

Sec. 8. The division shall exempt from licensure the following programs

- (1) A program for children enrolled in grades kindergarten through 12 that is operated by the department of education or a public or private school.*
- (2) A program for children who become at least three (3) years of age as of December 1 of a particular school year (as defined in IC 20-18-2-17) that is operated by the department of education or a public or private school*
- (3) A nonresidential program for a child that provides child care for less than four (4) hours a day.*
- (4) A recreation program for children that operates for not more than ninety (90) days in a calendar year.*
- (5) A program whose primary purpose is to provide social, recreational, or religious activities for school age children, such as scouting, boys club, girls club, sports, or the arts*
- (6) A program operated to serve migrant children that:*
 - (A) provides services for children from migrant worker families; and*
 - (B) is operated during a single period of less than one hundred twenty (120) consecutive days during a calendar year.*
- (7) A child care ministry registered under IC 12-17.2-6.*

- (8) *A child care home if the provider:*
 - (A) *does not receive regular compensation;*
 - (B) *cares only for children who are related to the provider;*
 - (C) *cares for less than six (6) children, not including children for whom the provider is a parent, stepparent, guardian, custodian, or other relative; or*
 - (D) *operates to serve migrant children.*
- (9) *A child care program operated by a public or private secondary school that:*
 - (A) *provides day care on the school premises for children of a student or an employee of the school;*
 - (B) *complies with health, safety, and sanitation standards as determined by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter; and*
 - (C) *substantially complies with the fire and life safety rules as determined by the state fire marshal under rules adopted by the division under section 4 of this chapter for child care centers or in accordance with a variance or waiver of a rule governing child care centers approved by the division under section 10 of this chapter.*
- (10) *A school age child care program (commonly referred to as a latch key program) established under IC 20-26-5-2 that is operated by:*
 - (A) *the department of education;*
 - (B) *a public or private school; or*
 - (C) *a public or private organization under a written contract with:*
 - (i) *the department of education; or*
 - (ii) *a public or private school.*

As added by P.L.1-1993, SEC.141. Amended by P.L.61-1993, SEC.8; P.L.136-1993, SEC.6; P.L.2-1995, SEC.50; P.L.50-2001, SEC.1; P.L.1-2005, SEC.136.

- 6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☐ Yes. If yes, **describe** the changes.

☒ No.

- 6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
 1. *Each child must have age appropriate immunizations including Varicella and Pneumococcal vaccines. A medical exemption statement from a physician or a religious belief exemption statement from the parent is also permissible.*
 2. *A provider shall have intradermal tuberculosis test and result. If medical exempt, there must be an annual chest x-ray or a physician's statement indicating the patient is "free of TB symptoms".*
 3. *The provider must have written plans for notifying parents of their illness or serious injury.*
- Building and physical premises safety
 1. *A residential building shall have working smoke detectors on each level, top of each stairway and adjacent to each sleeping area, or as required by fire and building codes.*
 2. *Facility must have a 2 ½ lb or greater ABC multiple purpose fire extinguisher on each floor and in the kitchen with valid expiration date.*
 3. *Facility must have two exits on different sides of the building. Exits do not go through a garage or storage area where hazardous materials are stored, are not blocked, and are not windows. Exits must be operable from the inside in a one-step process (no key or special knowledge required.)*
 4. *Each childcare facility shall have hot and cold running water from an approved source from a sink that is in an area where childcare is provided.*
 5. *Each provider shall have a working telephone in each facility accessible to any staff member.*
 6. *Each provider shall have the following items inaccessible to children: firearms, ammunition, poisons, chemicals, bleach, and cleaning materials*
- Health and safety training
 1. *Each provider shall have monthly documented fire drills including date/time/weather conditions/name of person conduction drill/full evacuation time and maintained for previous 12 months.*
 2. *At least one childcare provider, onsite at all times, shall have annual certification in age appropriate CPR. All childcare provider shall have current First Aid.*
 3. *The provider must post an evacuation/emergency plan in case of fire or inclement weather.*
 4. *The provider, or individual over age 18 who resides with the provider, or anyone employed at the facility must submit to drug testing which verifies that there is not a presence of an illegal controlled substance.*

5. *The provider shall complete Safe Sleep Training.*

6.5 Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))

Indicate the Lead Agency's policy regarding these relative providers:

- ☒ **All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

6.6 Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - ☒ Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:

Licensed Centers

Annually by licensing and Department of Homeland Security staff

Licensed Homes

Every other year by licensing staff. We rotate announced and unannounced visits.

Registered Ministries

Semi-annually by health, and annually by Department of Homeland Security staff

Legally-license Exempt Child Care Settings

Are inspected annually by a Lead Agency contractor, however, inspections are announced

All Child Care Settings

Inspected as needed in response to complaints

☐ No.

- Are child care providers subject to background checks?

☒ Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

Legally-license Exempt Child Care Settings

All providers, employees, and volunteer caregivers must provide the following checks prior to employment or initial certification:

- 1. Statewide limited criminal history check and;*
- 2. State Central Registry check for child abuse.*

If care is provided in a home, all individuals living in the home must provide the following:

- 1. Statewide limited criminal history check and;*
- 2. State Central Registry check for child abuse.*

Legally-license Exempt Registered Child Care Ministries

All providers, employees, and volunteer caregivers must provide the following checks prior to employment:

- 1. Statewide limited criminal history check, annual criminal history check for owner and;*
- 2. Child Abuse and Neglect Registry (Client Central Index).*

Licensed Child Care Homes

All applicants, employees, persons in the home over 18 years of age and volunteer caregivers must provide the following prior to licensure and there after annually prior to employment:

- 1. Statewide limited criminal history check and;*
- 2. Child Abuse & Neglect Registry (Client Central Index)*

3. *Sex Offender Registry*

In addition to checks listed above, all applicants for home licensure must supply the following prior to licensure or re-application:

1. *National criminal history check every two years.*

Licensed Child Care Centers

All provider, employees and volunteer caregivers must provide the following prior to licensure or employment:

1. *Statewide limited criminal history check;*
2. *Child Abuse and Neglect Registry (Client Central Index); and*
3. *Sex Offender Registry*

In addition to checks listed above, all applicants must supply the following prior to licensure or re-application:

1. *National criminal history check*

☐ No.

- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☒ Yes. If yes, **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

Only licensed child care centers are required to report all serious injuries on forms supplied by the Lead Agency with a copy for the parents, the child's file, and the Lead Agency. Injury reports are put into the licensing data base. Yearly statistics are compiled and reported to all licensed child care centers and other agencies.

Licensed child care home providers are provided with a copy for voluntary reporting or any injury requiring medical attention.

☐ No.

- Other methods used to ensure that health and safety requirements are effectively enforced:

1. *Compliant investigations*
2. *Re-inspection of serious violations*
3. *Requiring the submission of missing documentation to verify compliance correction*

4. *Issuance of a probationary license*
5. *Revoking, suspending, or denying a license or registration if a provider is found non-compliant with the laws or regulations regarding their operation*
6. *Pursue legal action for injunction relief to stop the operation of a provider*
7. *See civil penalty through Civil Court action*
8. *Suspension of a provider from participation in the CCDF voucher program for the death of a child while in the providers care, a pending abuse/neglect charge against the provider, existing employee, or member of their household, a substantiated health or safety hazard, or illegally operating a home or facility*
9. *Termination of a provider from participation in the CCDF voucher program for a conviction of abuse or neglect against a provider, an existing employee or a member of the provider's household (in home-based care)*
10. *Termination from the CCDF voucher program of a legally-license exempt provider for failure to maintain compliance the CCDF Provider Eligibility Standards.*

6.7 Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.

PART 7
HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7)

7.1 Health and Safety Requirements for Center-Based Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.2 Health and Safety Requirements for Group Home Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all group home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.3 Health and Safety Requirements for Family Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

- Building and physical premises safety
- Health and safety training

7.4 Health and Safety Requirements for In-Home Providers in the Territories

(658E(c)(2)(F), §98.41(a), §98.16(j))

For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

7.5 Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- ☐ **All** relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- ☐ **All** relative providers are **exempt** from all health and safety requirements.
- ☐ **Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how Territorial health and safety requirements are effectively enforced:

Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

☐ Yes. If yes, **indicate** which providers are subject to routine unannounced visits and the frequency of those visits:

☐ No.

Are child care providers subject to background checks?

☐ Yes. If yes, **indicate** which types of providers are subject to background checks and when such checks are conducted:

☐ No.

Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

☐ Yes. If yes, **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):

☐ No.

Other methods used to ensure that health and safety requirements are effectively enforced:

7.7 Exemptions from Territorial Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☐ Children whose parents object to immunization on religious grounds.
- ☐ Children whose medical condition contraindicates immunization.

APPENDIX 1
PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))

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- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

APPENDIX 2 ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

- *attending* (a job training or educational program; include minimum hours if applicable) -
- *in loco parentis* -
- *job training and educational program* -
- *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) -
- *protective services* -
- *residing with* -
- *special needs child* -
- *very low income* -
- *working* (include minimum hours if applicable) -
- Additional terminology related to conditions of eligibility or priority established by the Lead Agency: